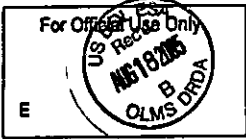


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>9786</u>	2. Fiscal Year Covered From <u>11</u> / <u>11</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing Name <u>Mark A Ruggiero</u> P O Box, Bldg, Room No, if any <u>2nd Floor</u> Street <u>24 N. Tyson Ave.</u> City <u>Floral Park</u> State <u>New York</u> ZIP Code + 4 <u>11001</u>	4. Name, file number, and address of labor organization Name <u>Local 917 I.B of T.</u> Labor Organization File Number <u>034-873</u> P O Box, Building and Room Number, if any <u>2nd Floor</u> Street <u>24 N. TYSON AVENUE</u> City <u>Floral Park</u> State <u>New York</u> ZIP Code + 4 <u>11001</u>
5. Position in labor organization <u>Recording Secretary / Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions).

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7. a. Nature of Interest, Transaction, or Income <u>N/A</u> 7 b. Amount _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions.)

Signed

On

8/12/05
Date

696-210-3331

Telephone Number

Name of Person Filing <u>Mark Ruggiero</u>	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name Alliance Bernstein
Trade Name, if any
P O Box, Bldg, Room No, if any 1515M
Street 1345 AVENUE OF THE AMERICAS
City NEW YORK
State NY ZIP Code + 4 10105

9 Business deals with

- ☐ a Labor Organization
☒ b Trust
☐ c Employer

10 If 9 b or 9 c. is checked give trust or employer's name

Name L. 917 Pension Fund
Trade Name, if any
P O Box, Bldg, Room No, if any 1ST Floor
Street 22. N. TYSON AVE
City FLORHAM PARK
State NY ZIP Code + 4 11001

11 a. Nature of such dealing.

CONSULTANT for L. 917
Pension Fund

11 b Approximate dollar value of such dealing

\$1,481,000

12 a Nature of interest held or income received.

Dinner & Discussing
Fund Emerald's Restaurant
New Orleans
12/04

12 b Amount

60.00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name
Trade Name, if any
P O Box, Bldg, Room No, if any
Street
City
State ZIP Code + 4

14 a Nature of payment.

N/A

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.

Name of Person Filing <u>Mark Ruggiero</u>	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name <u>Alliance Bernstein</u></p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg, Room No, if any _____</p> <p>Street <u>1345 AVE. OF THE AMERICAS</u></p> <p>City <u>NEW YORK</u></p> <p>State <u>NY</u> ZIP Code + 4 <u>10036</u></p> <p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <u>L. 917 Pension Fund</u></p> <p>Trade Name, if any _____</p> <p>P.O. Box, Bldg, Room No, if any <u>1ST Floor</u></p> <p>Street <u>22 N. TYSON AVE</u></p> <p>City <u>FLORAL PARK</u></p> <p>State <u>NY</u> ZIP Code + 4 <u>11001</u></p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p> <p>11 a Nature of such dealing</p> <p>Trust meeting <u>DISCUSS CONSULTANTS for</u> <u>L. 917 Pension Fund</u></p> <p>11 b Approximate dollar value of such dealing <u>\$1,481.00</u></p> <p>12 a Nature of interest held or income received</p> <p><u>LUNCH MEETING</u> <u>DISCUSSING FUND Gargudio's</u> <u>3/17/04</u></p> <p>12 b Amount <u>40.00</u></p>
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<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name _____</p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg, Room No, if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> <p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 a Nature of payment.</p> <p><u>N/A</u></p> <p>14 b Amount of payment.</p> <p>_____</p>

Name of Person Filing <u>Mark A. Ruggiero</u>	File Number U- 100-100000
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name <u>The Seggi Company</u></p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg, Room No, if any _____</p> <p>Street <u>one Park Ave</u></p> <p>City <u>New York</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>10016</u></p> <p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <u>L. 917 Pension + Welfare Funds</u></p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg Room No, if any <u>121 Floor</u></p> <p>Street <u>22 N. TYSON AVE</u></p> <p>City <u>Floral Park</u></p> <p>State <u>NEW YORK</u> ZIP Code + 4 <u>11001</u></p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p> <p>11 a Nature of such dealing</p> <p><u>CONSULTANTS FOR L.917</u> <u>BENEFIT FUNDS.</u></p> <p>11 b Approximate dollar value of such dealing <u>170,000,000</u></p> <p>12 a. Nature of interest held or income received</p> <p><u>Dinner IFPBF</u> <u>orlando FL</u> <u>Feb/2004</u></p> <p>12 b Amount <u>117.00</u></p>
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<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name _____</p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg, Room No, if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> <p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 a Nature of payment.</p> <p><u>N/A</u></p> <p>14 b Amount of payment.</p> <p>_____</p>